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AN INDEPENDENT LIVING REHABILITATION PROGRAM FOR
SERIOUSLY HANDICAPPED MENTALLY RETARDED ADULTS

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San Francisco, California Mrs.

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I dedicate this report to mentally retarded adults everywhere, in the hope that these ideas may help them and those responsible for their welfare to fulfill their potentials as citizens.

Elias Katz, Ph.D.

November,
EK:pw

CHAPTER 1

INTRODUCTION

During the past few years it has become increasingly clear that there are gaps in providing vocational rehabilitation services to the mentally retarded (m.r.)* adult. These gaps are most noticeable in services to seriously handicapped m.r. adults with a limited vocational potential, or with blocks to achieving their potentials. Little has been done to evaluate their potentials, to train and to counsel them, to work with their parents, and to move them on to programs where they can use their capabilities most effectively. .!

The purpose of this Final Report is to describe in some detail the "Independent Living Rehabilitation Program" (ILRP), a project conducted by San Francisco Aid Retarded Children, Inc., (SPARC), with financial support from the Vocational Rehabilitation Administration (VRA), U.S. Department of Health, Education and Welfare, and other sources (primarily from the San Francisco Public Schools and private foundations) from December 1, 1961 to November 1, 1965. The report presents the project goals, the background, methodology, results obtained, conclusions and recommendations.

The ILRP is based on the concept that retarded adults have complex needs which can best be met by providing a comprehensive, integrated, and flexible program adjusted to the individual enrollee and his family. To the writer's knowledge, there is no existing model on which to base the ILRP, so that the program includes original as well as traditional aspects. Like other sheltered workshops, there is a heavy emphasis on productive work in a work setting as a means of developing good work habits and attitudes which the enrollee can use in obtaining and holding a job. The ILRP goes far beyond a concept that the rehabilitation effort should be limited to helping the person to get and hold a job, even if this is to be in a sheltered setting. Among the unique aspects of the ILRP is the variety of daily training and counseling experiences which are intended to help the enrollee not only to be a better worker, but be better able to adjust to community living, fit into his family setting, and take care of his recreation and social needs. In some m.r. persons, failure in these latter areas of living constitutes a far more serious disability than their lack of productive work abilities.

* "Mental retardation", "mentally retarded" will be abbreviated

General Project Goal |.

The general objective of the ILRP is to develop and demonstrate a non-residential community rehabilitation program which would meet the personal, vocational and social needs of seriously handicapped mentally retarded young adults so that they might achieve higher levels of self-care, self-support and independence in daily living. This goal is to be achieved by evaluating the present strengths and potentials of the clients and providing appropriate training, social services, parent counseling, vocational counseling and socialization experiences.

Categorically this project is classified as a "demonstration" project; however, it is conceived as a service program which is an integral part of a broad community action program on behalf of the retarded and other handicapped persons, which has been taking shape during the past few years in San Francisco

Specific Goals

The specific objectives of the ILRP may be stated as follows:

1, To develop and to demonstrate a non-residential community rehabilitation program which would meet the needs of seriously handicapped m.r. young adults:

a. by providing a comprehensive evaluation of personal, social and vocational potential over an extended time period, up to a maximum of two years;

b. by training them in skills of independent living, with a view to achieving self-care and some measure of self-support;

c. by using social services to help the enrollees explore the norms and values of the community and to motivate them to strive toward greater independence within this framework; and to help their parents or guardians integrate the enrollee's achievements into the home;

d. by providing a transition from school to community living for those m.r. youth who could profit from the ILRP after "graduating" from San Francisco Public School classes for the retarded at 18 years;

e. by providing a transition from institutional to community living for patients of the State Department of Mental Hygiene who had been released to the San Francisco Community from state hospitals for the retarded;

f. by providing a community program which would give an alternate choice to commitment to a state hospital for the retarded for certain m.r. adults;

2. To document and evaluate improvement in independent living skills among enrollees as a result of ILRP services.

3. To cooperate with the State Department of Rehabilitation in making and receiving appropriate referrals to and from that agency, as well as in total planning for enrollee rehabilitation services.

4. To strengthen and enrich opportunities for professional training in mental retardation in social work, rehabilitation counseling, special education, medicine, psychology and related disciplines through provision of field work and opportunities for intensive observation.

5. To determine the role of the ILRP in a total community organization plan for improved services to the mentally retarded adult in San Francisco, including relationships between the ILRP and the San Francisco Community Rehabilitation Workshop, and agencies representing other disability groups for whom this program would be appropriate.

6. To develop a long-term financial support basis so that the services provided can be continued after the federal grant support has ended.

7. To develop and make available procedures and techniques applicable to other communities in the Western Region of the U.S. faced with the same problems.

CHAPTER 2

BACKGROUND OF THE PROJECT

In order to give some feeling of the influences which shaped the ILRP, reference will be made to some national, state and local developments which had direct and indirect effects on the project.

National Influences on Project

The title "Independent Living Rehabilitation Program" is directly derived from national legislative proposals embodied in H.R. 3756, "the Rehabilitation Act of 1961", introduced in the 87th Congress, First Session, February 2, 1961. Although the bill was not passed as originally presented, the following extracts will give some indication of the influence the bill had on the design of the ILRP. H.R. 3756's stated goal was:

". . .To encourage needed evaluation of rehabilitation potentials of, and the provision of rehabilitation services to handicapped individuals who may engage in gainful work or achieve substantial ability of independent living, thereby eliminating or reducing their burden on others and contributing to their dignity and self-respect; to assist in the establishment of public and private nonprofit evaluation and rehabilitation facilities; and for other purposes.

". . .The Congress hereby finds and declares -

(1) that many severely handicapped persons, including the mentally ill or retarded, and older persons, not feasible for vocational rehabilitation, as a result of independent living rehabilitation services can achieve such a degree of independence that -

(a) their institutional care can be terminated, or

(b) their need for an attendant's care at home will be ended, or substantially reduced, and |

(c) in many instances these individuals will be found to be capable of vocational rehabilitation and will become gainfully employed taxpayers;

Many organizations and individuals supported H.R. 3756. The major spokesman for its support was the National Rehabilitation Association (NRA). In testimony before Congressional Committees studying this legislation, the following statements were made by Mr. E. B. Whitten, Executive Director of NRA:

disability and "freeze" benefits under Social Security has revealed the presence of additional thousands of individuals whose disabilities are so great that extensive evaluation services will be necessary before rehabilitation potential can be determined.....In further studying this problem, it becomes apparent that many such severely disabled persons, if provided with proper evaluation and restorative services, would be found to possess varying 'degrees of vocational potential. Others might have to accept objectives that do not include vocational achievement.

. "NRA is convinced that there are hundreds of thousands of individuals in this latter category who are at the present time relegated to the human waste heap. NRA feels "strongly that such individuals should have the opportunity to make the most of their potentials, without regards to what their ultimate accomplishments may be....

"It became necessary to select a name to identify rehabilitation services for individuals whose objectives might be other than vocational. The term "independent living" rehabilitation services was chosen as being the most descriptive of the services contemplated.

"NRA feels that the addition of 'Independent Living' rehabilitation services to those provided by the state rehabilitation agencies will result in a tremendous improvement in vocational rehabilitation services. This will be particularly true of those severely handicapped individuals who are expected to progress through Independent Living Rehabilitation services to vocational rehabilitation services."²

While no specific use of the term "Independent Living Rehabilitation Services" is included in the Vocational Rehabilitation Act Amendments of 1965 (PL 89-333) similar provisions are incorporated in that legislation.³

From still another viewpoint, the American Association on Mental Deficiency (AAKD), and the National Association for Retarded Children (NARC) in its publications, have stressed the need for providing services for the more severely retarded adults, as an integral part of a total coordinated program for the mentally retarded.

The following from the AAMD Monograph is pertinent: "5.

Training and Sheltered Workshops.

"There are many educable mentally retarded who may not be ready for placement in competitive employment at the time they complete their special education in the public schools and need additional experience in a

"The limitations of many retarded persons prevent them from working in any place other than a sheltered environment. Traditionally, this sheltered environment has been a sheltered workshop"

"Currently Federal grants for vocational rehabilitation services are available only for services granted to individuals for whom there is a reasonably clear 'potential for employment'. In some cases the 'potential' may be absent at the beginning, but may become reasonably clear after rehabilitation services have begun to work their change...."6

State Influences on Project On the State

level, several developments influenced the ILRP.

From the start, the State Department of Rehabilitation welcomed the plans to establish the ILRP as a VRA project. This support was reinforced by tangible actions such as providing consultation services through the Department's Rehabilitation Workshop Consultant, through close cooperation of their San Francisco Office Rehabilitation Counseling Staff in referral of clients to and from the ILRP, and through financial support by fees for clients referred by the Aid to the Disabled (ATD) Program of the San Francisco City and County Department of Social Services (formerly Department of Public Welfare) in and 1965.

• As an outgrowth of the President's Panel on Mental Retardation, the California State Study Commission on Mental Retardation was established by the Legislature in 1963, to draw up proposals for the development of services. The resulting Report and Recommendations amply supported proposals for the development and expansion of services for seriously handicapped m.r. adults, such as are being provided in the ILRP.

Another state-wide development was the California Council for Retarded Children (CCRC), the State organization of parents and friends of the retarded, which developed an increasing interest in the retarded adult through its Vocational Habilitation Committee* and programs of services by local units. Through CCRC it has been possible to contact other communities in California concerned with the growth of services for the more severely handicapped m.r. adult.

The rapid rise in the number of sheltered workshops in California, especially those serving m.r. adults (of a total of 140 workshops in California, than 40 are concerned almost exclusively with the m.r.)* was reflected

The ILRP Project Director has served as Chairman since 1958.

in the growth of the California Association of Rehabilitation Workshops (CARW formally California Conference of Workshops for the Handicapped). Through participation in this organization it has been possible to interpret to workshop personnel some of the rationale underlying the IMP.

An important advance in the state department of Social Welfare was the liberation in 1964 of the definition of "Aid to the Disabled" (ATD), to rehabilitate severely handicapped m.r. adults. This made it possible for persons such as those in state hospitals for the mentally retarded to be placed in the community, to receive subsistence grants, and to enroll in the

A third finding of the W-TC project was that there was a group of severely retarded adults who needed primarily a long-term program with a minimum of work in the public schools. Potentially many trainable mentally retarded and certain more seriously handicapped "educable" mentally retarded would profit from the evaluation, training and counseling provided in a program like the ILRP, after completing schooling at age 18 years (or 21 years).

Local Influences on Project

The ILRP is a direct outgrowth of the Work-Training Center Project (1957-1961) which was sponsored by SFARC as a Selected Demonstration Project of VRA, with San Francisco Public Schools Adult Education support, cooperation by the State Vocational Rehabilitation Service, and other assistance.⁸ By the end of the Work-Training Center Project in 1961, it had been demonstrated that m.r. adults previously considered unemployable, could be trained in a sheltered workshop to the level of being placeable on jobs in the competitive labor market in San Francisco. This rehabilitative function for vocationally feasible m.r. adults was assumed by the Morrison Rehabilitation Center, which in 1964 was reorganized. The Morrison Rehabilitation Center's workshop aspects were incorporated in a non-profit organization, the San Francisco Community Rehabilitation Workshop.

A second finding of the Work-Training Center Project was that certain m.r. adults could work productively in a long-term sheltered workshop. This workshop was originally sponsored and financed by SFARC, and in 1963, became a part of the S.F. Community Rehabilitation Workshop. The cost of services to this group is still financed by SFARC, with some support from ATD funds and S.F. Public Schools.

and a maximum of socialization. This became the SFARC Adult Training Center, currently operated by SFARC.

During the Work-Training Center Project it had been noted that certain seriously handicapped retarded clients could have profited from intensive evaluations personal and family counseling, and work-training which could have enhanced their personal} social and vocational competency, "but that the W-TC did not provide for this type of service. The ILRP was specifically designed to furnish such services.

Reference has been made to the S.F. Community Rehabilitation Workshop (SFCRW), founded in 1964 to meet a need for the handicapped. Operated as a non-profit organization, with a Board of Directors representing community concern for the handicapped, the SFCRW currently admits adults including the mentally retarded, for short-term evaluation, for long-term work experiences and for limited vocational counseling. Contract work involving packaging, assembly work, etc. represent the major types of activity. One of the goals of ILRP in the later period of the project has been to explore closer relationships with the SFCRW.

An important development in San Francisco, in 1962, was the S.F. Coordinating Council on Mental Retardation (SFCCMR). This is a group of professional workers with an interest in developing community-wide services for all the mentally retarded. Initial support for staffing the SFCCMR came from the State Department of Mental Hygiene, through National Mental Health Act planning funds.. Greatly accelerated activity resulted in committee work leading to professional educational institutes, to proposals for establishing an Information and Referral Service for the M.R. (founded in 1964 as a function of the S.F. Department of Public Health with a National Institute of Mental Health grant), and to a large scale five year Community Demonstration Project (funded by VRA). Members of the ILRP and SFARC staff have participated actively in all phases of SFCCMR efforts, including membership on committees, the Board of Directors and participation in its projects.

CHAPTER 3

OVERVIEW OF PROGRAM

Chart 1 represents in schematic form the flow of enrollees into and out of the ILRP. Starting at the top of the chart, most referrals come from a few sources. The application is then studied in the Intake process (see Chapter 6 for details), with possibility of either being admitted to the .. program, or referral elsewhere. Once admitted to the program, the enrollee | is provided an individual "prescription" program appropriate to his needs, and his parents are involved in the program. Ongoing evaluation is provided through constant staff review. On termination from ILRP, the enrollee is transferred to another program. Arrows pointed in both directions indicate that he may return to ILRP and move out again, if necessary.

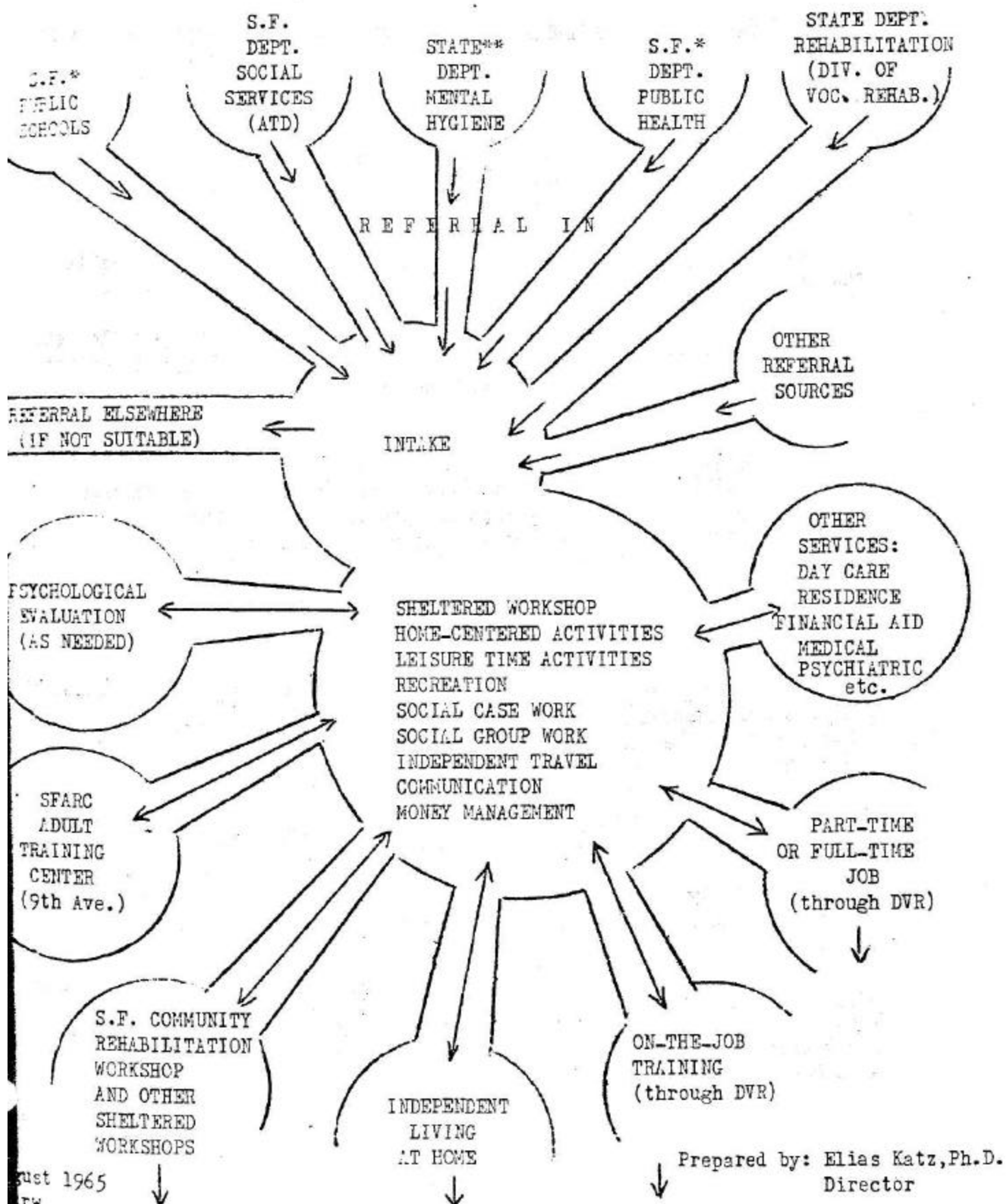
Eligibility for Admission

The broad criteria governing admission to the program may be stated as follows:

1. Chronological age 18 to 35 years. The lower age limit is established because the S.F. Unified School District conducts classes for the mentally . retarded up to the age of 18 years. Although many m.r. students below 18 years of age drop out of school, or are excluded, the public school classes are available for them, and there is no intention to substitute the ILRP for available schooling. The upper age limit of 35 years was selected because previous experience in the Work-Training Center had demonstrated that older retarded adults (in their 40's and 50's) tended to "be less flexible and amenable to change through the intensive program of the ILRP.⁹

2. "Seriously handicapping mental retardation", I.Q. below 70, as Judged by properly qualified psychological and medical examiners. Although the phrase "seriously handicapping mental retardation" was derived from the "Independent Living" legislation, its use in this project is intended to stress not only the lower level of intelligence but the socially and economically disabling limitations of the enrollees. The selection of an arbitrary "I.Q. below 70" would tend to classify the retardate in the "mild", "moderate"/ or "severe" ranges of mental retardation, according to the nomenclature of the AAMD.^{10,11} The qualification that the enrollee's mental retardation be well established by tests implies that individual psychological testing and any

CHART 1. FLOW CHART - INDEPENDENT LIVING REHABILITATION PROGRAM



other necessary evaluation would be done prior to admission or shortly after admission.

3. Capable of learning to travel to and from the program . If a client cannot travel to the program independently at the time of enrollment, there should be some prospect of becoming able to do so during the course of attendance. This criterion tends to make parents or guardians assume responsibility for making it possible for the enrollee to get to the program independently. (With some parents it is accepted that the fear of independent travel is realistic, e.g., poor sense of direction, immaturity, and no attempt is made to work with their feelings on this point).

4. Trained in toilet habits. Since no matron service is available, the enrollee is expected to be able to take care of his toilet needs.

5. Able to communicate with others. It is felt that the enrollee should be able to make his wants known and to understand directions. This criterion eliminates some multiply-handicapped persons who are not able to see, to hear, or to communicate properly.

6. Emotionally stable. It is recognized that many m.r. adults have emotional disturbances. The frankly psychotic, acting out, destructive person who presents realistic management problems is not enrolled, since psychiatric treatment is not available as part of the program.

Referral Sources The sources of referral

to the ILRP are relatively few:

1. San Francisco Unified School District. Students who have attended public school classes for the "educable" mentally retarded and for the "trainable" mentally retarded up to 18 years of age are referred by the school principal or by school counselors on "graduation" from these classes.

2. S.F. City and County Department of Social Service (formerly Department of Public Welfare). The caseload of clients in the Aid to the Disabled (ATD) category of public assistance includes many who are eligible for admission: mentally retarded persons over 18 years of age, whose disability is so severe as to render them unable to support themselves*.

3. Division of Vocational Rehabilitation, State Department of Rehabilitation. Mentally retarded clients who (1) have been evaluated and found "not vocationally feasible", or (2) have been accepted for rehabilitation services and subsequently found "not vocationally feasible" for such reasons as poor work habits, are referred.

4. Bureau of Social Work, State Department of Mental Hygiene. Patients on leave from the State Hospitals for the mentally retarded (the nearest is Sonoma State Hospital, 55 miles north of San Francisco) are supervised in San Francisco by social workers attached to the Bureau of Social Work, Department of Mental Hygiene. Most of these patients are living in family care homes, licensed by the State Department of Mental Hygiene.

5. S.F. City and County Public Health Department, Community Mental Health Services. The Community Mental Health Services refers (1) eligible m.r. persons on the waiting list for Sonoma State Hospital, and (2) m.r. patients who might be in psychiatric out-patient treatment in one of the clinics conducted by the Community Mental Health Service. Several referrals have been made by Public Health Nurses, especially following the program on Mental Retardation conducted in January, 1964, in which the ILRP was discussed by the nurses.

6. S.F. Aid Retarded Children Adult Programs. Early in the project period (1962), a few referrals were made to ILRP from the SFARC Adult Training Center (more severely retarded group). Some referrals also came from the SFARC Work-Training Center (less severely retarded group), (1962 and 1963) during the period prior to the incorporation of this group into the S.F. Community Rehabilitation Workshop.

7. Miscellaneous Sources. Several referrals have come from Family Service Agencies in San Francisco. A few referrals have come from individual physicians, from medical clinics and on the basis of newspaper stories.

In a few cases, especially referrals of patients on leave from Sonoma State Hospital, more than one referral source is involved, for the patient is not only on leave from the State Hospital, but also is an ATD client of the City and County Department of Social Service.

CHAPTER 14

S U M M A R Y

The Independent Living Rehabilitation Program is a demonstration project for rehabilitating seriously handicapped mentally retarded young adults by helping them develop to the maximum their potential for achieving higher levels of self-care, self support, and independence in daily living activities.

Objectives The

specific program objectives are:

- To evaluate the personal, social and vocational potentials of enrollees;
- To provide a program of training and social services for enrollees and their families which will most effectively help them to achieve their maximum potentials; To help the mentally retarded young adult who leaves school at 18 years of age to make the transition from school to adult society; To help patients on leave from state hospitals for the mentally retarded make a better adjustment to community living, thereby reducing the number of such patients who must be returned to the institution;
- To reduce the present urgent need to commit certain mentally retarded adults to state hospitals by providing a more meaningful alternative to commitment; To help the enrollee's family to participate actively in the development of his personal, social and vocational competencies, in close cooperation with the ILRP Social Service Staff; To document and evaluate changes in enrollees and their families as a result of ILRP services;
- To cooperate with the State Department of Rehabilitation in making and . receiving appropriate referrals to and from that agency, as well as in total planning for enrollee rehabilitation services; . To provide enriched field work experiences for professional training in mental retardation;
- To determine the role of the ILRP in a total community organization plan for improved services for the retarded adult in San Francisco, and . especially in relation to the San Francisco Community Rehabilitation Workshop;
- To develop a plan for long-term financial support of the ILRP; To communicate ILRP findings to other communities in the Western Region of the United States.

Federal, State and Local Influences

The ILRP was launched December 1961 and terminated as a federally financed project October 31, 1965- Many influences shaped the program design. On the federal level was the interest of the Vocational Rehabilitation Administration in developing services which would make it possible to evaluate, train and counsel those who previously could not be served since their "vocational potential" was so low as to be "not feasible" for vocational rehabilitation services. The ILRP was planned as a demonstration of the values, limitations and problems associated with services for such seriously handicapped individuals.

On the state level, many forces were making their impact as well. The State Department of Rehabilitation had previously demonstrated that more intensive vocational rehabilitation efforts to serve less seriously handicapped mentally retarded adults were productive. The State Department of Social Welfare was shifting towards a rehabilitative approach in relation to public assistance recipients, and was broadening its concepts of Aid to the Disabled (ATD) to serve larger segments of the retarded adult population. The State Department of Education was concerned with the increasing number of retarded young adults leaving public school classes and facing the problems of fitting into the community. The California Study Commission on Mental Retardation addressed itself to an investigation of the problem, and developed legislative proposals for meeting them, many of which were adopted in the California State Legislature in the Spring 1965 session, including the establishment of the statewide Mental Retardation Program and Standards Advisory Board, and the establishment of Regional Diagnostic and Counseling Centers for the Mentally Retarded. (One Regional Center has been established in San Francisco

Within, San Francisco, many developments have been taking place. Among these was the Demonstration Project of a Work-Training Center, sponsored by S.F. Aid Retarded Children and financed in part by a federal grant from the Vocational Rehabilitation Administration. That project had shown that mildly retarded adults could be vocationally rehabilitated through a sheltered workshop program. Simultaneously there had emerged a strong S.F. Coordinating Council on Mental Retardation which is actively engaged in developing programs and services for the retarded, and is heavily involved in professional training in mental retardation. The S.F. Coordinating Council on Mental Retardation is undertaking the development of a broad comprehensive community action program for serving the retarded. Also joined in developing a broad program of services for the retarded and other handicapped adults in San Francisco are the Rehabilitation Section of the Health Council of the United Bay Area Crusade, and the S. F. Chapter of the National Rehabilitation Association. An important rehabilitation development is the S.F. Community Rehabilitation Workshop (successor to the Morrison Rehabilitation Center Workshop) which now includes several components of the Work-Training Center (1957-1961) including the short-term evaluation service of "vocationally feasible"

retarded adults and the long-term sheltered workshop for retarded adults. One of the goals of the ILRP in 1964-1965 has been to explore the possibilities of developing closer working relationships with the S.F. Community Rehabilitation Workshop.

, To accomplish the ILRP program goals, a combination of evaluation and work - training of enrollees, and social services with enrollees and their parents is used. This may be characterized as a "therapeutically oriented, interdisciplinary rehabilitation team approach."

Enrollee Characteristics

The 75 ILRP enrollees served during the project period have been referred mostly from State, County and school agencies. By and large, they are "young adults" in chronological age. Most are in the "moderate" and "severe" levels of measured mental retardation (I.Q. below 50), with a few in the "mild" level, (I.Q. above 75). Many are in the "moderate" range of measured social competency (I.Q. 50 - 75). Most are illiterate. As a group they have a higher than normal incidence of medical diagnoses. Poor verbal communication skills are very common. Most come from lower socio-economic groups, with a few from upper middle class families. Most are eligible for Aid to the Disabled (ATD) public assistance. All live with their families or in family care homes under supervision of the State Department of Mental Hygiene. Most have attended public school classes for the retarded. Few have been provided any vocational rehabilitation services other than brief interviews with a State Department of Rehabilitation Counselor leading to their being classified as "non-vocationally feasible". None have a history of self-support, and only a few of any gainful employment. About one-third have a history of commitment to a State Hospital for the retarded.

Initial Evaluation

After careful evaluation by the Intake Social Worker and the Project Director with staff concurrence as to whether the enrollee might profit from the program, he is admitted for an eight-week evaluation. During the Initial Evaluation Period of eight weeks, the enrollee is observed at work, at play and in social case work interviews and in group work settings. His parents are interviewed by a social worker and involved in the program. At the end of the initial evaluation period, a case review is held with the entire staff to decide whether to continue with the enrollee or to refer him and his family elsewhere. If the enrollee is admitted, he may remain for a maximum of two years, although most enrollees receive maximum benefits from the ILRP and leave in less than two years.

Daily Schedule

The daily schedule includes work-training experiences and social services. Work-training includes at least two hours daily in the Workshop, doing jobs for which the enrollee is paid a minimum wage of \$.15 per hour, with higher salaries based on productivity. In addition he receives training in Leisure Time Activities, in Home-Centered Activities, including home-making and food preparation, in communication skills, money management and independent travel on public transportation. Those enrollees who show more promise are provided with opportunities to do pre-vocational activities such as janitorial and messenger work, at higher rates of pay.

Social services, include individual casework as well as an extensive group work program with enrollees, counselling of groups of enrollees and interviews with the family group including the enrollee. Social Clubs, preparation of a monthly newsletter and recreational activities are conducted as part of the social group work.

Staffing

Administratively the ILRP is a project of S.F. Aid Retarded Children, which provides supportive services and contributes a significant proportion of necessary financial support. The staff includes the Project Director; a Coordinator of Training and Rehabilitation Counselor; three Work Supervisors (one for Workshop, one for Leisure Time Activities; one for Home-Centered Activities); a Chief of Social Services; one Case Worker; one part-time Group Worker; Psychiatric Consultant, Medical Consultant. This staff serves a total population of 32 enrollees in average daily attendance and their families, as well as numerous applications which are screened, and wherever necessary extended interviews provided as part of Intake to the program.

Community Organization

The community organization objectives related to the ILRP are to interpret the program to professional and lay individuals and groups, to gain acceptance for it as a demonstration project, to pick up its implications in long-range planning for gaps in services to ILRP enrollees and their families, and to the basis for long-range financial support. Changes brought about by effective community organization are the result of the joint efforts of SFARC memberships, Board of Trustees, clients and staff in an orderly and deliberate process. This has been achieved clearly in San Francisco, less clearly in California in general. The Department of Rehabilitation offers training and rehabilitation counseling the clearly "vocationally feasible" retarded adult. The SFCRW offers vocational training and for a few, extended work experience. The ILRP offers short-term intensive evaluation, training and social services programs of a vocational preparation.

nature for seriously handicapped adults. The SFARC provides a long term sheltered implement and socially educational program for severely retarded adults. In addition there are a few programs such as Goodwill Industries and Disabled Employees Rehabilitation Workshop offering long-term work experience and sheltered employment some retarded adults.

As far as San Francisco proper is concerned, a satisfactory fiscal structure can be developed. The question is, how far can the program be introduced elsewhere in California unless the Department of Rehabilitation accepts responsibility its support. If, as some feel, the program is more social rehabilitation than re-vocational, should another agency such as Mental Hygiene or Social Welfare be sponsor, or should some way be found to bring about joint sponsorship for meeting the client's needs?

Professional Training; Volunteers

The ILRP provides field work for graduate Social Work students from the University of California School of Social Welfare, and for graduate Rehabilitation Counseling Curriculum students from S.F. State College. In addition, field work is provided for undergraduate social work students and Special Education students from S.F. State College. Two full time VISTA Volunteers have been assigned to ILRP since Spring 1965 to enrich the program of training and counseling. A dedicated group of day-to-day volunteers have contributed many hours of service in the work-training area.

Financial Support

The ILRP has been financed by a combination of support: (a) a Federal grant from the Research and Demonstration Program of the Vocational Rehabilitation Administration to SF Aid Retarded Children, Inc., in partial support of the financial cost; (b) two full-time Work Supervisors assigned by the Adult Education Division of the San Francisco Public Schools; (c) Psychiatric Consultation provided by the Community Mental Health Services, S.F. City and County Department of Public Health; (d) Consultation and assistance from the State Department of Rehabilitation, Division of Vocational Rehabilitation; (e) partial fees for Aid to Disabled (ATD) clients from the S.F. City and County Department of Social Services (through State Department of Social Welfare); (f) since Spring, 1965, two full-time VISTA (Volunteers in Service to America) staff under provisions of the Federal Economic Opportunity Act (Anti-Poverty Bill of 1964); (g) fees for services from parents of enrollees (based on their ability to pay); (h) financial contribution of matching funds from S.F. Aid Retarded Children, Inc.

Program Evaluation

Program evaluation is concerned with the effects of the program on enrollees and their families, as well as with the impact of the program on broader community services for the retarded of which the ILRP is an integral part.

Disposition of Enrollees on Termination from Program

In terms of actual disposition of enrollees on termination from the ILRP, 23% (13 out of 56 terminated enrollees) have been vocationally rehabilitated as either being employed full time in a sheltered workshop, being employed part-time, or placed in on-the-job training (OJT) as a helper in a nursing home under supervision of the State Department of Rehabilitation prior to job placement. Of the remainder, 23 were placed in the Adult Training Center, a program for social training of severely retarded adults, with only limited provision for gainful employment.

ILRP Social Competency Ratings

As for staff ratings on items of the ILRP Social Competency Ratings (See Appendix C) with a few exceptions there were no great differences in ratings from the initial rating two months after admission and about 6 months later. Some improvements were noted in a greater independence, and in the use of social services.

There were many differences in ILRP Social Competency Ratings between enrollees rated as "higher vocational potential" as compared with those rated as "lower vocational potential", with the former group receiving generally higher ratings.

Global" Ratings of Improvement of Enrollees

In terms of global ratings of "Improvement" among 51 enrollees, as independently evaluated by 3 ILRP Staff members, there was substantial agreement that most enrollees had improved either slightly or greatly.

Other Findings

In a preliminary study of ratings and reratings over a period of 14 months' -;on the ILRP Social Competency Ratings of a small group of 14 enrollees by their parents in 1962, there was improvement noted so far as participation in activities at home, and general, self-care and independence.

None of the ILRP enrollees was returned to the State Hospital for the either during enrollment or on termination from the program. Four were referred a state hospital for the mentally ill owing to severe emotional disturbance.

Some Unique Aspects of ILRP

ILRP is the only VRA project to test the feasibility of meeting the needs of severely handicapped mentally retarded adults through appropriate evaluation, training, and counseling. The project has demonstrated conclusively that many of previously neglected handicapped persons do possess varying degrees of vocational potential, and that some are capable of full-time job placement in the community.

This project is unique in its emphasis on involvement of parents and responsible persons through counseling with staff social workers. The closest equivalent to the requirement in child guidance clinics that a disturbed child client will improve only if the parents are treated at the same time. That social workers have an important role in rehabilitation programs seems self evident to many, there are few reports in the literature of social workers participating actively in the vocational rehabilitation of the retarded. After our experience in this project there is little question that social work has a major contribution to make in the rehabilitation of severely handicapped retarded adults.

This project is unique in that it was conceived as a total experience approach in which the enrollee lives as full a life as possible in a therapeutically oriented program in which work, leisure time activities, home making, socialization and individualized training are available to suit individual needs. This concept of a total approach to the needs of the severely retarded adult is being used in several programs including the rehabilitation centers for the retarded and other severely handicapped persons developed by the California State Department of Rehabilitation, as the one program established at Agnews State Hospital.

RECOMMENDATIONS

These recommendations are directed primarily to those who will be involved in continuing the ILRP in San Francisco. They may prove helpful to those who are planning to establish similar programs in other communities.

It, is recommended that:

1. The ILRP be continued as an integral part of the comprehensive coordinated community-wide program for meeting the needs of m.r. adults in San Francisco.

2. The ILRP be expanded to include seriously handicapped adults who are physically and emotionally handicapped, in addition to those who are mentally retarded. This would require some adaptation of program for a more heterogeneous group than has been served until now.

3. A joint committee (or some other working relationship) be established including the ILRP, the Public Schools, the State Department of Rehabilitation, which would assume responsibility for bridging the present gap between school programs and ILRP. Counseling of prospective applicants to the ILRP would take place while the m.r. student is still in school.

4. A joint committee (or some other working relationship) be established including the ILRP, staff of State Department of Mental Hygiene (both hospital staff and Bureau of Social Work) which would assume responsibility for bridging the gap between the state hospital for the retarded and ILRP. This group would be concerned not only with how to move patients from the State hospital to the community, but with how to prevent inappropriate commitment of seriously handicapped m.r. adults from the community to the State hospital.

5. The close working relationship between the ILRP and the State Department of Rehabilitation be continued and further strengthened. This can be accomplished by D.R. purchasing services from ILRP; assuming greater responsibility for intake into ILRP (in cooperation with ILRP Intake Worker); conducting psychological evaluations of new enrollees; D.R. counselors attending case reviews; psychiatric consultations and staff meetings; D.R. counselors providing service to enrollees on the premises of ILRP. This approach would more functionally integrate the D.R. counselor into the ILRP rehabilitation team.

6. The present staffing pattern, including administration, training staff, social workers', consultants, and full-time VISTA volunteer staff be continued, adding a part-time clinical psychologist in residence, and continuing the support-services of selected, trained volunteers.

7. The enrollee daily schedule of 6 1/2 hours be continued with flexible adjustment of schedules to suit individuals. Those enrollees who can tolerate a longer work day would be provided this opportunity under special supervision.

8. The ILEP workshop be continued in the same physical area as the SFCRW. This arrangement would make it possible to be a part of a more industrial setting, and to observe and learn from work habits and skills of more able clients. It also would make possible the transfer to SFCRW of those enrollees who could tolerate more industrial pressure and a longer work-day.

9. Close working relationships with the SFCRW be continued. Up to this point only the ILRP Workshop (including contract procurement) has been articulated with the SFCRW. It is possible that other ILRP services could be set up in such a way as to serve SFCRW clients.

10. The Leisure Time Activities be continued as an integral part of the program with flexibility in assignment according to individual needs. Emphasis would be given to the pre-vocational possibilities of leisure time activities, such as furniture refinishing and Christmas decorations.

11. The Home-Centered Activities be continued as an integral part of the program, with flexibility in assignment according to individual needs. A realistic program would provide for a physical layout of a typical apartment with appropriate appliances and equipment. Training in shopping, making change, meal preparation, studying and cleaning, as well as in functional academic skills such as reading, writing, and number concepts, would be applicable to this area. Emphasis would be given to pre-vocational possibilities leading to part-time or full-time jobs helpers in rest homes, aides in pre-school and nursery school programs, etc.

12. Pre-Vocational Training as Messenger and Janitor be continued. The janitorial training would provide, for practice in cleaning not only the ILRP areas, and other areas such as offices and homes, with training leading to part-time or full-time jobs as helpers in yard-work, helpers to gardeners, and assistant janitors. The messenger training would provide for more complex assignments through transporting letters and small parcels to various places, including "drops" at their programs than those conducted by SFARC.

13. Tutoring in academic subjects be continued and greatly expanded, especially Relation to reading, writing and number skills required by enrollees within the and in life situations beyond the daily program. For example, if counting

measuring is required to do an assignment in the Workshop, tutoring would be provided for this purpose.

14. Measurement of changes in psycho-social adjustment and in productivity be developed in close cooperation with the staff. A research project focussing primarily on this subject could be undertaken. The ILRP Social Competency Hating, would be further tested and validated as a tool for measuring changes in enrollees in areas with which the staff is concerned.

15. Additional staff time be provided to supervise volunteers, including " VISTA Volunteer staff.

16. Field work in the ILRP for students in social work, rehabilitation counsel-
ing and special education be expanded. The assignment to ILRP of part-time and full-time field work supervisors in residence (as has been done by the University of California School of Social Welfare) could serve as a basis for similar assignments in professional disciplines.

17. Information about the ILRP and its services continue to be made available on a systematic basis to the professional community, and to parents of seriously handicapped m.r. adults. This would include listing in directories of programs for the retarded and public discussions before service clubs and PTA groups.

18. The major costs of providing services be assumed by one agency, the State Department of Rehabilitation, under the provisions of PL 89-333. In addition opportunities should be open for contributions to the program of staff, equipment, or funds which the Department of Rehabilitation cannot legally provide, but which are necessary for an enriched socialization program. This should be done in cooperation with the D.R. with no intention of replacing or reducing D.R.'s contributions.

(Recommendations No. 19-28, concerned with Social Services in the ILRP, were prepared by Arthur Segal, M.S.W. - see Chapter 6 above).

It is recommended that:

19. The intake process be continued with an emphasis on exploring the client's previous medical, social and educational history for the purpose of greater understanding of the client. Recorded referral material from other agencies should not be used exclusively to determine eligibility for the ILRP or to evaluate ability to benefit from the ILRP.

20. The Initial Evaluation period to observe the client's strengths and limitations be lengthened to three months, instead of the present 8 weeks.

A transportation system be installed for the more severely retarded who leave to travel alone, and VISTA staff and community volunteers be used to travel training prior to admission

22. An exploratory study be made to determine ways to provide service to other minority groups and to those m.r. who are members of families who got to involve themselves in the ILRP, owing to transportation and other problems

Each enrollee be a member of a club group as part of and appropriate to treatment plan; the club groups be activity-focussed to help the enrollees learn how to live and share as a group; these groups focus on emotional problems of enrollees as they arise from the membership

24 Program media be used for their value in helping the club group and individual enrollees develop in contrast to their use as a tool to develop creational skill; the Newspaper Group be continued to help enrollees share and expressions of opinion; the Newspaper help stimulate discussion of interest among the larger enrollee group.

25 The Enrollee Council be re-activated as the enrollee population returns its original size of 32 enrollees; the Enrollee Council assume responsibility sharing in planning and evaluating of the program.

26 The Lounge be continued as a treatment activity with sufficient space both large and intimate recreational activities, and conducted physically from any work training activities to permit greatest freedom of expression as well as privacy from individuals not involved in the program

27 Each enrollee have scheduled meetings with his social worker; the interviews be flexible in length; the social worker be continuously involved in enrollee activities so that he is sufficiently aware of the enrollee's problems to intervene immediately at times of crisis; the social worker be prepared to use various methods to develop a relationship with the enrollee and to engage him in a treatment plan; the social worker be prepared to move with the enrollee outside the formal office setting for the interview; the content of the material discussed with enrollees be of a concrete nature, with abstract implications of problems given meaning in terms the enrollee can understand.

28. Individual counseling to parents continue to be offered during intake; methods be used with parents after this period; parents who are not able to participate in a family or parent group receive individual counseling by ILRP if needed.

(Recommendations No. 29-35J addressed to agencies, organizations and individual? who have community organization responsibilities relating to the broad general goals of ILRPj were prepared by Mrs. Margarete Connolly - See Chapter 8 above).

It is recommended that:

29. The rehabilitation leadership find a way to step up, through deliberate planning and action, current efforts to integrate Health, Education, Rehabilitation and Welfare services on the local level with a goal of total rehabilitation for the client.

30. We consciously examine old attitudes while planning and taking action in the face of today's facts: automation, cybernation and gradually broadening acceptance of the principle of the right of every man to food, shelter and those other necessities which meet his basic human needs.

31. We take steps to resolve the nation-wide indecision in regard the role of social work in the rehabilitation process, and concurrently resolve the related question: who is the client? Can Rehabilitation, in many instances, achieve long-lasting results without considering, in depth, the involved members of the family which has a handicapped member? Is there wide-spread acceptance of the frequently mouthed concept that social rehabilitation is an essential base to sound vocational rehabilitation?

32. We find a way to resolve the question of the distinction between the vocational shop and the activity center programs, and whose is the responsibility for support. Where does the goal of one differ from the role of the other and where do they overlap? In the light of automation this becomes a crucial question.

33. VRA and NARC jointly sponsor a series of institutes throughout the United States in order to clarify local, state and federal responsibility in relation to the multiple use of workshops for the mentally retarded. Such institutes would permit dialogue between the lay and professional community and would encourage freedom of discussion in planning for people in the large-scale, large-concept range which we use in planning for such things as water resources, highways and manufactured items.

34. All of these recommendations be related to the emerging Master Plan for Rehabilitation which will be ongoing in each State and which is about to be launched in California.

35. We share the responsibility to design programs built on the premise that these community organization recommendations will be carried out.